

SPECIMEN COLLECTION FORM for Baseline Post-Transplant Visit (TL02)

CKiD Chronic Kidney Disease in Children Cohort Study (CKiD)

SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: AFFIX ID LABEL OR ENTER NUMBER IF ID LABEL IS NOT AVAILABLE

|_| - |_|_| - |_|_|_|

A2. CKiD Post KRT VISIT #:

___ ___

A3. FORM VERSION:

0 7 / 0 1 / 1 9a

A4. SPECIMEN COLLECTION DATE:

___ ___ / ___ ___ / ___ ___
M M D D Y Y Y Y

A5. FORM COMPLETED BY (INITIALS):

___ ___

At the Post-Transplant Baseline V1b Visit and if consent is obtained, collect the following:

Samples:

Serum (Biological)

Plasma (Biological)

Urine (Biological)

Shipped to:

NIDDK Biorepository

NIDDK Biorepository

NIDDK Biorepository

Shipped:

Batched (Ship in Jan, Apr, Jul or Oct)

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**BATCHED SAMPLES SHOULD BE SHIPPED QUARTERLY (Jan, Apr, July or Oct)
OR MORE OFTEN IF DESIRED BY THE SITE COORDINATOR!**

**Samples should NOT be stored for more than six (6) months.
For specific questions, contact your CCC prior to shipment.**

SECTION B: PREGNANCY TEST

B1. Is participant a female of child-bearing potential?

Yes..... 1 (See PROMPT Below)

No..... 2 (Skip to Section C)

**PROMPT: QUESTION B2 IS FOR FEMALE PARTICIPANTS OF CHILD-BEARING POTENTIAL ONLY.
URINE PREGNANCY TEST DATE MUST OCCUR ON DAY OF VISIT OR FALL WITHIN 72 HOURS
BEFORE STUDY VISIT DATE.**

B2. a. Urine pregnancy test date:

___ ___ / ___ ___ / ___ ___
M M D D Y Y Y Y

b. Urine pregnancy results:

Positive..... 1 (END; COMPLETE TRANSITIONAL (TRS03) FORM)

Negative..... 2

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SECTION C: V1b POST-TRANSPLANT VISIT B BLOOD DRAW

If participant consented to **BIOLOGICAL** samples:

Collect 9 mL if participant is < 30 kg **OR** 15 mL if participant is ≥ 30 kg.

If < 30 kg, immediately transfer or draw:

- 6 mL into (1) Tiger-Top SST for NIDDK Biorepository
- 3 mL into one (1) PST for NIDDK Biorepository

If ≥ 30 kg, immediately transfer or draw:

- 10 mL into (2) Tiger-Top SSTs for NIDDK Biorepository
- 5 mL into (2) PSTs for NIDDK Biorepository

V1b POST-TRANSPLANT VISIT BLOOD DRAW PROCESSING

NIDDK BR (Serum)

Invert the Tiger Top SST 5 times gently to mix.

Stand SST upright to allow clotting at room temperature for 30 mins and not more than 1 hour (60 mins).

Centrifuge SST at MAX SPEED between 1100-1300g (3000rpm with 10cm radius rotor) for 10 mins in swinghead **OR** 15 mins in fixed angle.
**If incomplete separation, centrifuge again 10-15 mins.*

NIDDK (Serum)

Pipette 3 mL (<30kg) or 5 mL (≥30kg) serum into clear top cryovial (use different pipettes for serum and plasma).
**If there is any extra serum, then pipette the extra serum into the clear top cryovial marked "NIDDK BR SERUM".*

NIDDK BR (Plasma)

Invert each PST 8-10 times gently to mix.

Centrifuge each PST at MAX SPEED between 1100-1300g for 10 mins (swinghead) **OR** 15 mins (fixed angle).

NIDDK (Plasma)

Pipette 1.5mL (<30kg) or 2.5mL (≥30kg) plasma into cryovial with green cap insert (use different pipettes for serum and plasma).
**If there is any extra plasma, then pipette the extra plasma into the green cap insert cryovial marked "PLASMA (Extra)".*

Complete SM01 form, store sample(s) in freezer at -70°C or lower, batch up to 40 samples and ship on dry ice quarterly (**January, April, July and October**) to the NIDDK BR. **No Thursday/Friday shipments** When shipper is needed, complete "NIDDK BR Dry Ice Shipper Request Form" on the CKiD website: <https://statepi.jhsph.edu/ckid/coordinator-resources/>. Then, follow packaging instructions.

When pickup has been scheduled, complete "On-line Shipping Form" on CKiD website: <https://statepi.jhsph.edu/ckid/coordinator-resources/> to notify the appropriate personnel from the CBL and the NIDDK BR.

SECTION C: NIDDK BIOREPOSITORY

C1. Did the participant consent to have biological samples (i.e., serum, plasma and urine samples) stored at the NIDDK Biorepository?

Yes..... 1

No..... 2 (END)

Reasons Code List*	1 = Not required	4 = Red Blood Cell Contamination	7 = Exceed maximum allowable volume
	2 = Difficult Blood Draw	5 = Inadvertently Destroyed	
	3 = Participant Refused	6 = Oversight	

Sample Type (Required Volume in Top Color Tube Type):	(a) Sample Obtained:	(b) If No, specify reason *SEE CODE LIST ABOVE	(c) Additional Requirements:
	Yes No		
C2. Serum for NIDDK Biorepository (**6.0 mL or **10.0 mL of blood in Tiger Top SST)	1 (skip to c→) 2	_____ (skip to C3)	Date Frozen: ____/____/_____ M M D D Y Y Y Y
C3. Plasma for NIDDK Biorepository (***3.0 mL of blood in one Green Top or ***5.0 mL in two Green Top PSTs)	1 (skip to c→) 2	_____ (skip to D1)	Date Frozen: ____/____/_____ M M D D Y Y Y Y

** Collect 6.0 mL of whole blood for participants < 30 kg and 10.0 mL for participants ≥ 30 kg

*** Collect 3.0 mL of whole blood for participants < 30 kg and 5.0 mL for participants ≥ 30 kg

